Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council

Meeting Notes from June 12, 2015

MEETING FACILITATOR: Michael Landen

ADVISORY COUNCIL MEMBERS PRESENT: Michael Landen, Steven Jenkusky, Frances Lovett, Steven Seifert, Ernie Dole, Jennifer Weiss

OTHER PARTICIPANTS: Rollin Oden, Brandon Warrick, Michael Pridham, Cecilia Roberto, Andrew Lujan, Heather Stanton, Rebecca Lepala, Jim Davis, Luigi Garcia Saavedra, Elaine Brightwater, Cheranne McCracken, Dale Tinker, Emilee Cantrell, Kristen Chavez, Michael Chacon, Frank B. Koronkiewicz, Will Griebel, Ellen Interlandi, Sandra Adondakis, Shelly Moeller, Toby Rosenblatt, Laura Tomedi, Harris Silver

I. Introductions and Review of Agenda

- Group achieved quorum

II. Review of 4/17/2015 Advisory Council Meeting Notes (were approved)

- Medical Board update from notes: Presbyterian Health Services had an opioid summit, which was well attended (over 100 providers). Discussed that providers should not prescribe > 100 MME without consulting with pain management, patients should not be "fired" for being on opioids

III. Review of 2014 Prescribing Data (PMP) and Overdose Death Data (Jim Davis, NMDOH)

- Jim Davis presented PRELIMINARY OMI mortality data for 2014
- NM's drug overdose death rate will increase in 2014
- When recent death data is linked to the PMP, approximately half of people who died of overdose filled a prescription for a drug listed in the 30-60 days before their death
- Approximately 50 people died within a week of filling a prescription for short (<=10 days) duration
- Episodic use of opioids (defined as persons who received more than one prescription, but the prescriptions cover only 90-161 days of the past six months – so that while they may regularly fill opioid prescriptions, there are large gaps between each fill) and chronic use are increasing, short term and one-time use are decreasing
- 55% of patients who had an opioid prescription over 10 days' duration had never had a PMP check requested on them
- High dose MME prescriptions (>120 MME) have increased slightly; overlapping opioid prescriptions from multiple prescribers has decreased; and buprenorphine/opioid concurrent prescriptions have stopped increasing
- Hopefully within a couple of weeks NMDOH can release final overdose death data from Vital Records from 2014
- Discussion: Can NMDOH disaggregate PMP requests by type of prescriber? (Yes.)

IV. Review of Statewide Naloxone Dispensing

- Approximately 20% of pharmacies are stocking naloxone
- Rebecca L.: BHSD working on a media campaign to increase interest in naloxone

V. Policy Agenda Review and Discussion

- Mike L.: Noted that some policy interventions are not reflected in the new overdose data, including 7-day to 1-day reporting and the reclassification of hydrocodone from Schedule III to Schedule II. He asked whether our current approach is working and concluded that data suggest that it isn't.
- Elaine B.: working on initiative to educate practices on board regulations.
- Rollie O.: Asked if the council could get data on the percent of pharmacies who ran requests on patients with high-risk prescriptions. Jim D.: can look at pharmacy requests by high-risk prescribing.
- Steve J.: Medical Board received list of prescribers who were engaging in high-risk prescribing, 35 never consulted PMP. The Medical Board's stance is that if they receive a complaint and the prescriber in question hasn't checked the PMP, then they are concerned.

1. PMP (7-day to 1-day reporting)
    - Are pharmacies complying with the new regulation? Mike L.: we can find out.
    - Waiting on impact of this intervention.
2. Licensure board rules revision: PMP check for every opioid prescription
    - Perhaps broaden to include benzodiazepine prescriptions
    - Mike L.: consider recommendation to change rules to checking PMP for any opioid prescription. We don't have a consistent way of checking or communicating to prescribers.
    - Discussion items: allow more than one delegate, provide more education, provide clarification on who can be a delegate, don't use PMP as a "gotcha", who will enforce, Medicaid coverage of alternative treatments, provide support to prescribers if recommendation is passed
    - Form a workgroup to assess the evidence supporting a PMP check for every opioid prescription. Workgroup: Harris, Mike, Francis, Rollie, **Steve* (Steve volunteered to organize the workgroup)**
3. Hydrocodone (Reclassification)
    - Waiting on impact of this intervention
4. Naloxone (Rules revision)
    - Can we use regulation (rather than statute) to increase access to naloxone? For example, homeless shelters cannot have an emergency naloxone kit maintained at the facility. Would the Council be increased in a recommendation to increase access to naloxone? Group is supportive.
    - **Proposed recommendation: Regulatory boards/licensing agencies should remove regulatory and financial barriers to accessing naloxone. 6 votes yes. PASSED.**

VI. Advisory Council By-Laws Review and Approval

- Group reviewed proposed bylaws developed at last meeting (handout)
- Group discussed that a number of voting members haven't attended Council meetings regularly, and there are others in their agencies who would be more likely to attend meetings
- **Steve moved to pass the draft bylaws with addition that a voting member who misses 3 consecutive will be reported to the Governor's Office. 6 votes yes. PASSED.**

Mike L. asked if anyone else had ideas to address the preliminary increase in overdose deaths.

- More education of providers
- Patient education fliers developed by the council will be passed out in Socorro. Group requested the flyer be emailed out to the group (Melissa)
- Group had discussed reviewing the training that prescribers receive
- The group discussed prescribing guidelines that all the boards could buy into, including what to do if a patient has an aberrant report in the PMP. The group decided to form a workgroup to develop guidelines and present to the council. **Workgroup: Elaine, Ernie, Steve, Brandon, invite Joanna Katzman, group does not have a primary organizer.**

VII. Ethics of prescribing opioids and Opioid Replacement Therapy (ORT) (Dr. Rollie Oden)

- Factors: changes in prescribing, turning to heroin, lack of access to Medication Assisted Treatment (MAT)
- Patients develop both psychological and biological dependency
- Different wiring in people's brains can mean different responses to prescription opioids
- Solutions: change federal regulations of DATA 2000, more provider waivers, get mid-levels to prescribe
- For NM: increase access to MAT, lobby feds, education, increase access to hepatitis C treatment
- Hepatitis C: large number of patients getting infected, getting public treatment can be very difficult (e.g. person has to be really sick, etc.)

VIII. Next Meeting: Friday, July 17th, 1:30 – 3:30 PM (Location to be determined)